

Minnesota Board of Cosmetologist Examiners 2829 University Avenue Southeast, Suite 710 • Minneapolis, MN 55414

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Instructor Renewal Application

A license becomes eligible for renewal 10 weeks before its expiration date. Submit a complete application with payment to the address listed above. Checks or money orders may be made payable to the BCE. Allow up to 15 business days for application processing.

Applicant Info	ormation										5/2014		
Name					Street Add	lress							
Social Security Number			City, State	City, State, Zip Code									
Phone Number		Email A				ress							
License Number					License Ex	piration Date							
Select Appro	priate Fee		14 Renewal Fee		\$159 La	ite Renewal F	ee						
Continuing Enstructors must 15 hours of tea	st have cor	npleted 45 hours of cont	-		ework within the p	•				ain a minin			
Course Date		Course Title	Course Number		Classification Teaching-Related (TR), Clinical Products (CP), or Other Designation (OT)	Course Length In Hours	Course Sponsor		or	Completion Certificate Attached*			
										Yes	No		
										Yes	No		
										Yes	No		
										Yes	No		
										Yes	No		
										Yes	No		
										Yes	No		
you must attach	n a complet	he BCE did not require co on certificate which show have been pre-approved	s the title, date, an	d lengt	th of course along v	vith your name	and an auth			•			
Total Hours:		Total Teaching-Related:		Total Professional Clinical Products:				Total Other:					
however, will result in the after it is issued. While is stances authorized or resocial security number, information submitted of Individuals: Social secu Minnesota Statutes. I certify that all in	ne denial of your your licensure is equired by law, h will be provided on the application unity numbers are	I use information provided on this form application for initial licensure or renew pending, the information submitted, ex owever, it may be disclosed to others is to the Minnesota Department of Reven becomes public, except your social se required by Minnesota Statutes, section with the submitted within this application.	val of your license. Submittii cept your name and addres ncluding persons contacted use at its request. If the mati- scurity number, which remai on 270C.72. Businesses: Mi	ng false in is, are con for purpos ter of your ns private. nnesota b	formation is grounds for den- sidered private and will gene- se of verification or investiga- licensure becomes conteste. Before the Board issues a usiness identification numbe	ying your license or su rrally not be disclosed tion, and the Attorney d, the information sub license, individuals and r and information requ	spending, revokin outside the Minne General's Office. (mitted on an applied businesses are rested concerning	g, or taking o sota Board of Certain inform cation may be required by M Workers Com	ther discipling for Cosmetolomation on the come publishments as in pensation on Warning for Warning for Warning for Warning for Cosmeton the Cosmeton of Cosmeton for Cosmeton for Warning	nary action again ogist Examiners. e application, inc ic. Once you are tatutes to provide Insurance is requ	nst your license In circum- luding your licensed, the certain data: uired by		
Licensee Signature: For BCF Office Use Only: Amount:				C/MO #			Processor:			nata Processed			